Please type a plus sign (+) inside this box -> | + PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number EL 595 827 800 US DECLARATION FOR UTILITY OR Debashis R. Chowdhury **First Named Inventor DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration □ Declaration OR Submitted Submitted after Initial **Group Art Unit** Filing (surcharge with Initial (37 ČFR 1.16 (e)) **Examiner Name** Filing required) As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR OBSERVABILITY-BASED CODE COVERAGE the specification of which (Title of the Invention) X is attached hereto was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy Attached? Priority** Prior Foreign Application Foreign Filing Date Country Not Claimed Number(s) (MM/DD/YYYY) Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

[Page 1 of 2]

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Filing Date (MM/DD/YYYY)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Application Number(s)



	PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032 atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE required to respond to a collection of information unless it contains
--	---

DECLARATION — Utility or Design Patent Application

DEC	CLA	RATIO	<u> </u>	<u> </u>	<u> </u>	<u> Jesig</u>	n Pat	ent A	/bb	olicatio	<u>n</u>	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent						Filing Dat	е		ent Patent N			
		Numb	er			(MM/L	D/YYYY)			(if applicab	ie)	
Additional	U.S. or P	CT international	applica	tion numbers are	e listed on	a supplemer	ital priority da	ta sheet P1	O/SB/	02B attached h	ereto.	
As a named inv	entor, I he	ereby appoint the nnected therewit	e followi	ng registered pr	actitioner(s	) to prosecu	te this applica	ation and to	transa	ct all business		
and trademark	Office CO	IIIIEGEG BIEFEWI	ш. Ш	Customer Num OR	ber					Number Bar		
	_		X	Registered prac		name/registi	ation number	listed belo	<u>" L</u>	Label here		
	Name	9		Regist Num			N	ame		Registration Number		
Fr	ank J.	DeRosa			,543		Seth F	l. Ostrov	N	37,410		
		T. Kaplan		38	,935		Louis	J. Greco	)	41,799		
		Marquardt		40	,997			A. Lev			,941	
	Freder				,251			el Malis	·		,968	
Additional (	registered	practitioner(s) r	named o	n supplemental	Registered	Practitione	Information	sheet PTO/	SB/020	C attached here	to.	
Direct all corr	esponde			ner Number Code Label		_	OF	<b>⋉</b> Co	rresp	ondence add	ess below	
Name				J	onathar	T. Kapl	an, Esq.					
Address			Е	Brown Rays	man Mi	lstein Fe	elder & St	einer LL	P .			
Address					120 W	est 45th	Street					
City			lew Y	'ork	ī	State	NY	ZIP		10036		
Country		USA		Telephon	ie (	(212) 944-1515 Fax (212) 840-242			<u>2429</u>			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of So	ole or F	irst Invento	r:			A peti	tion has be	en filed fo	this u	nsigned inve	ntor	
Gi	Given Name (first and middle [if any]) Family Name or Surname											
Debashis Roy					Chowdhury							
Inventor's Signature						Date						
Residence: City Acton State			State	MA	Country U.S.A. Citizenship			Indian				
Post Office A	st Office Address 3 Castle Drive											
Post Office A	Post Office Address											
City		Acton	State	MA	ZIP	P 01720 Country U.S.A.			.A.			
Additional inventors are being named on the1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto												



Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032 
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION**

# **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1 of 1

***										
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								entor		
Given Name (first and middle [if any]) Family Name or Surname										
	Pallab Kumar					Da	Dasgupta			
Inventor's Signature	Date									
Residence: City	Andover	State	State MA		Country	U.S.A.		Citizens	hip	Indian
Post Office Address	7 Crescent Drive, #5									
Post Office Address										
City	Andover	Andover State MA ZIP 01810 Country				ער	, U.S.A.			
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for th	nis unsigr	ed inv	entor
Given Na	me (first and middle [if any]	)				Family Nar	ne or	Surname		
,	Surrendra Amul			Dudani						
Inventor's Signature	Date									
Residence: City	Watertown	State	МА	A Country U.S.A.		Citizer	nship	U.S.A.		
Post Office Address	8 Fayette St.									
Post Office Address										
City	Watertown	State	М	A ZIP 02472 Countr		ntry	y U.S.A.			
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for th	nis unsigr	ed inv	entor
Given Name (first and middle [if any]) Family Name or Surname										
Ghassan Khoory										
Inventor's Signature	Date									
Residence: City	Wellesley	State	State MA		Country	U.S.A.		Citizer	Citizenship U	
Post Office Address	25 Ashmont Road									
Post Office Address					,	_		,		
City	Wellesley	State MA		Α	ZIP	02481	02481 co		untry U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box → +

valid OMB control number.

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

# **DECLARATION**

#### **REGISTERED PRACTITIONER INFORMATION** (Supplemental Sheet)

Name	Registration Number	. Name	Registration Number
Michael K. Kinney Brooke W. Quist	Registration Number 42,740 45,030	Pamela G. Maher James J. Woods	Registration Number 40,712 P47,184

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

